

PART B - FEE(S) TRANSMITTAL

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32665

7590

08/10/2007

LESLIE MEYER-LEON, ESQ.
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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUANCE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Karen A. Herrand

(Depositor's name)

Karen A. Herrand
 November 7, 2007

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/387,158	08/31/1999	THADDEUS P. DRYJA	0300-005009	2246

TITLE OF INVENTION: ~~STRUCTURE OF RETINOBLASTOMA~~

11/07/2007 WASFAW2 00000046 501895 09387158

RETINOBLASTOMA NUCLEIC ACIDS

82 FC:2501
 83 FC:1504
 89 FC:0001

730.00 DA
 380.00 DA
 36.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	MAINTENANCE FEE DUE	DATE DUE
nonprovisional	No Yes	\$1400 720	\$0	\$0	11/13/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
ZEMAN, MARY K	1631	435-007230

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Leslie Meyer-Leon2. IP Legal Strategies Group P.C.

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (s)

Massachusetts Eye and Ear Infirmary
Whitehead Institute

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston, Massachusetts
Cambridge, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 12

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1895 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Ref. No. 0300-005009

Authorized Signature

Leslie Meyer-Leon
 Leslie Meyer-Leon, Esq.

Date

November 7, 2007

Typed or printed name

Registration No. 37,381

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is in file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Mail Stop Issue Fee	Karen A. Herrand
COMPANY:	DATE:
U.S. Patent and Trademark Office, Commissioner for Patents	November 7, 2007
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(571) 273-2885	3 pages
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	0300-005009

RE:

U.S. Serial No. 09/387,158
In re Application of: Dryja et al.
Filed: August 31, 1999
RETINOBLASTOMA NUCLEIC ACIDS

Examiner: Zeman, Mary K.
Confirmation No.: 2246

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE CONFIRM RECEIPT

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 CFR 1.311)

Applicant hereby claims small entity status, and authorizes payment of the issue fee (\$720.00), and 12 soft copies (\$36.00) as detailed on the attached Issue Fee Transmittal PTOL-85B, enclosed (1 page in duplicate).

Date November 7, 2007

Leslie Meyer-Leon
Leslie Meyer-Leon, Esq.
Registration No. 37,381

"Date of Facsimile Deposit: November 7, 2007

I hereby certify that this paper (along with the attached Issue Fee Transmittal Form PTOL-85B and any other paper referred to as being attached or enclosed) is being transmitted by facsimile transmission to (571) 273-2885 according to 37 CFR 1.6(d) and 37 CFR 1.8(a)(1)(b) on the date indicated above, addressed to: Mail Stop Issue Fee, U.S. Patent and Trademark Office, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: Karen A. Herrand
Karen A. Herrand

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